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THE HEALTH OF HITCHIN

1966

H I T C H I N
U R B A N D I S T R I C T C O U N C I L

MEMBERS AS AT 31st DECEMBER, 1966

CHAIRMAN OF THE COUNCIL:

Councillor M. Muir, J.P.

VICE-CHAIRMAN OF THE COUNCIL:

Mrs. B. F. Wearmouth

CHAIRMAN OF THE PUBLIC HEALTH COMMITTEE:

G. F. Hendry

COUNCILLORS:

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B. W. Davis	P. I. Robbins
W. H. Gates	S. W. Robbins
G. J. Graves	S. F. Sanders
P. J. Marchant	R. B. Smith
A.R.G. Price J.P.	R. J. Watts

MEDICAL OFFICER OF HEALTH:

J. D. Hall, M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H.

CHIEF PUBLIC HEALTH INSPECTOR:

N. Holt, F.A.P.H.I.

DEPUTY CHIEF PUBLIC HEALTH INSPECTOR:

H. Forrest, M.A.P.H.I.

ADDITIONAL PUBLIC HEALTH INSPECTORS:

A. Morgan, M.A.P.H.I.

D. H. Ratcliff

E. Bennett

PUPIL PUBLIC HEALTH INSPECTOR:

G. A. Wiseman

CLERICAL STAFF:

Mr. J. D. Davidson - Chief Clerk

Mrs. E. M. McLeod

Public Health Department,
Council Offices,
Brand Street,
HITCHIN .

To the Chairman and Members of
Hitchin Urban District Council.

Mr. Chairman, Ladies and Gentlemen:

I include in this annual report of the health of your district, details of the County Council health and school health services.

I would acknowledge in this preface my debt to Dr. Walker who retired in May 1966. Some of the work, therefore, in this report was carried out under his direction.

The population showed a natural increase of 170 and an overall increase of 300 according to the Registrar General's estimate of the resident population for mid-1966.

There were no maternal deaths in the district.

Seven deaths were recorded in children under one year of age from a total of 484 live births, twenty-six of which were premature. Two of the deaths were associated with extreme prematurity. Three of the deaths were of infants under one day old, two infants were under one month old. Five of the infants were born at home and six died in hospital. The majority of these deaths were unavoidable. The infant mortality rate (deaths under one year of age per thousand live births) was 14.4, slightly in excess of that for the remainder of Hertfordshire (13.9) and the remainder of the division (11.6), but less than that for the remainder of England and Wales (19.0). This can be considered to be a satisfactory rate. The corrected birth rate was 17.8, in excess of that for the remainder of Hertfordshire (16.3). The corrected death rate was 10.3, almost identical with that for the remainder of Hertfordshire (10.1).

The perinatal mortality rate (stillbirths and deaths under one week per thousand live and stillbirths) was 18.3, less than that for the remainder of Hertfordshire (19.5) and much less than that for the remainder of England and Wales (26.3). It was, however, in excess of the mean of the North Hertfordshire division (16.0).

The stillbirth rate (births at or over twenty-eight weeks, not live-born, per thousand births - live and still) was 12.2; less than that for England and Wales (15.4) and approximating to that for the remainder of Hertfordshire (11.7) and the North Hertfordshire division as a whole (11.6).

The total deaths were 314 of which 101 were due to diseases of the heart and blood vessels, 57 to cancer of varying sites, 60 to vascular lesions of the nervous system, and 22 to respiratory diseases. These correspond to rates of 3.9, (Hertfordshire 3.1, mean of North Hertfordshire division 2.9), 2.2 (Hertfordshire 1.9, mean of North Hertfordshire division 1.8, England and Wales 2.2), 2.3 (Hertfordshire 1.3, mean of North Hertfordshire division 1.2), 0.85, (Hertfordshire 1.2, mean of North Hertfordshire division 0.7). These rates are all in excess of that for the remainder of Hertfordshire. It is interesting that deaths from vascular lesions of the nervous system are second in importance to diseases of the heart and blood vessels as a cause of death in Hitchin; in the remainder of England and Wales and the North Hertfordshire Division cancer is the second commonest cause of death. The difference is not statistically significant but it may be indicative of the age of Hitchin as a town and perhaps of a slight preponderance of older people compared with the remainder of North Hertfordshire.

Three deaths occurred from tuberculosis. One death occurred from other infective and parasitic diseases. There were two deaths from motor vehicle accidents and twelve from accidents of other kinds.

There were thirty-six illegitimate births with one death.

Two public health inspectors left the department on taking up other appointments and they were not replaced by the end of the year. This caused some difficulty towards the end of 1966 in carrying out the various duties of the department and this difficulty was increased by the illness of the deputy chief public health inspector. In spite of these difficulties, however, work was carried on in relation to houses in multiple occupation, clearance of unfit houses, meat inspection, improvement areas and improvement grants. A second improvement area of 428 houses was declared in March, 1966. Some difficulty was experienced in carrying out initial inspections of offices and shops before the end of the year.

Some noise complaints were received during 1966. Typical examples were complaints caused by the heating of two smelting furnaces by oil and compressed air. A concrete screen was effective in reducing the noise level. A further complaint was caused by a factory out-worker using an industrial sewing machine which caused vibration in the next house. Insulation of the machine abated the nuisance.

Visits to control houses in multiple occupation was continued during the year. The general policy of the council is to limit the number of occupiers by making directions on the houses under Section 19 of the Housing Act, 1961, and the enforcement of these directions by regular inspection. Many of these inspections have to be carried out in the evenings or at weekends. This is an onerous duty for the public health inspectors - hours of work, the inability of some occupiers to understand English and on some occasions the lack of co-operation by owners. Two prosecutions resulting in convictions were instituted. During the year the council rehoused a few immigrant families from these houses.

Fifteen food complaints were received during the year. Typical examples were flies in bottles, glass in sausages, string in sausages, damp flour, mouldy bread and a mouldy pork pie. It was not found necessary to undertake any prosecutions in respect of these complaints.

Itinerant scrap metal dealers were the cause of considerable nuisances during the year. Such caravan dwellers are a potential public health hazard, both to the other inhabitants of the area and to themselves. Some difficulty was experienced effecting their removal; and during the year in an attempt to solve the problem locally, your council initiated the meeting of the local authorities in North Hertfordshire. The provision of a properly laid out and supervised caravan site for such itinerants was discussed.

In the period September to December 1966, two deaths from Leptospirosis (Weil's Syndrome) occurred in a one mile area of North West Hertfordshire. Both were in men of late middle age, and both were farm labourers. Their deaths were due to infection by a bacterium *Leptospira*, a genus of the Order Spirochaetales.

In January 1967, two further suspected cases were reported, one in the same area as the two deaths and one three miles to the North. These cases recovered and blood tests showed no conclusive evidence of active infection.

Leptospirosis is one of the zoonoses, a group of diseases naturally transmitted between vertebrate animals, into which animal cycle man intrudes incidentally. The death rate in man from this disease varies between 10-30%, a rate greatly higher than, for example, typhoid fever and equal to that of smallpox, and is dependent on such factors as the dose of infection, the virulence of the particular strain of infecting leptospira, the resistance and immunity of the infectee, and the latter's age and general state of health.

Although many different animals are hosts (vectors) of leptospira, outbreaks of Weil's Syndrome in man are almost invariably associated with the common brown rat (*rattus norvegicus*), infection being transmitted by rats' urine to food, soil, water and then to man.

An abnormally high infestation of rats in every district of North Hertfordshire was known since the first death, and the second death occurred in spite of the concentration of all resources upon rat destruction. Higher infestations elsewhere in England have been reported to me by the Ministry of Agriculture, but this area was unique in its two deaths within a confined area.

It remained, therefore, to confirm the hypothesis that within a circumscribed area an epidemic of Leptospirosis was present in the rats themselves and that elsewhere in the County the condition was a quiescent or endemic one in those animals. It remained also to discover whether, in fact, undiagnosed cases had occurred elsewhere.

To test this possibility live rats were trapped in random areas of Baldock, Letchworth, Royston, Stevenage, and the areas of Hitchin Rural District surrounding those towns and examined for the presence of live leptospira. The tested rats were positive and were heavy excretors of leptospira. Enquiries were made throughout North Hertfordshire to discover missed cases of leptospirosis; none were found.

It is not possible therefore to explain the misfortune of the two isolated deaths. It may be presumed, however, that both received a particularly heavy dose of infection with a virulent strain of leptospira.

The public were asked in a special press release to take the following precautions:

1. House surrounds, gardens and out-buildings to be kept tidy, clean and swept. All accumulations of rubbish likely to harbour rats to be destroyed.
2. No food remnants to be placed in open dustbins and no food to be thrown on the ground for birds or pets.
3. Agricultural workers and gardeners to take special care not to eat any food after work without washing and scrubbing the hands. Water from ponds, ditches, surface springs etc., not to be drunk or allowed to come into contact with a wound, and all cuts etc. to be covered. The washing of gumboots etc. to be performed with main's supply water only.
4. The hands to be thoroughly washed after contact with any animal; dead rats not to be picked up with ungloved hands and the presence of rats to be reported to the public health department.

A tribute must be paid to the Editors of the local newspapers for the most valuable co-operation I was given at this time.

There is no doubt that rat infestation throughout England is now a bigger problem than ever before. Numbers of rats in 1966 were known by the Ministry of Agriculture to have reached alarming proportions. Significant factors are diminishing numbers of rat predators for example hawks, falcons, pole cats, stoats and weasles; ample food supplies in the fields due to combine harvesting methods, and regrettably in certain areas a lack of attention paid by farmers to rat eradication. In this area, for example, infestation of a stretch of the Great North Road, which must have been apparent to road workers and farmers, was not reported to any public health authority, and was revealed only by a personal visit by a chief public health inspector.

It is quite impossible for any medical officer of health or public health inspector to control rats without co-operation of such members of the public as farmers. I am however, grateful for the large number of cases of rats reported to me by ordinary inhabitants of the area and this help was of fundamental importance.

A case of paralytic poliomyelitis occurred at the end of July in the divisional area. Forty-six contacts were traced and all were given oral vaccine and kept under surveillance by the health visitors. Several of the contacts were resident in London and other areas outside the County, and their medical officers of health were informed. No further cases have occurred.

During this outbreak, certain members of the public became unduly alarmed, and use of the swimming baths was questioned: such recreation is not contra-indicated in minor epidemics of poliomyelitis.

Clinical surveillance of poliomyelitis contacts is the most important single measure in controlling an outbreak; the giving of oral vaccine is unlikely to affect the course of an epidemic of a disease in which the incubation period is variable and may be extremely short. The closure of swimming baths, cinemas, schools etc. in general serves no purpose.

The Health Visitors, District Nurses, and Midwives are now attached to family doctors. It is hoped that this attachment will be to the benefit of the community in creating a better understanding of the latter's needs. The closer association of both hospital and general practitioner services with the local authorities, has been a welcome development over the past few years. The suspicion with which many family doctors in the past regarded the establishment of Health Centres would appear to be disappearing, and during the year plans were formulated to establish a group of general practitioners in a new clinic to be built in the area. There is no doubt that the trend in the health services as a whole is to the ever closer co-operation between its three main branches.

During 1966 cervical cytology clinics were established in the division. The public responded to such an extent that in certain areas waiting lists for appointments were as long as four months. The number of clinics that can be established for this purpose are limited by the availability of medical staffs and by the number of smears that the hospital can examine. Medical recruitment to the Public Health Service has for some time presented a problem which is not easing. It should be remembered also that the medical officers carrying out this work require special training.

Measles is now the commonest infectious disease of childhood. Although it only rarely produces deaths it is responsible for much school absence and in certain cases is followed by complications which may be long lasting. Vaccination against measles became possible following the isolation of the measles virus and the development of an attenuated strain. The early vaccine made from this strain was accompanied by rashes and a rise of temperature in many cases. Further vaccines have been produced which would appear not to have these side effects and the possibility of measles vaccination on a wide scale now exists. Discussions as to its use are still taking

place but it would appear that after further trials, measles vaccination may become a routine part of the childhood immunisation and vaccination programme.

I wish to record my thanks to Mr. Holt, Chief Public Health Inspector, for his work and co-operation during the year. I am most grateful for the help I received on my arrival to take up my appointment. In this short preface it is not possible to mention all those members of the medical and administrative staffs, both of your district and of the County Council, whose efforts I have greatly appreciated. My thanks are particularly due to the staff of the Divisional Health Office who have made the preparation of this report possible.

I remain,

Your obedient servant,

J. D. HALL,

Medical Officer of Health.

Divisional Health Office,
Bedford Road,
HITCHIN,
Hertfordshire.

Telephone number:
(Hitchin 50411).

SECTION "A"
NATURAL AND SOCIAL CONDITIONS
OF THE AREA

(a) GENERAL STATISTICS

Area(in acres)	3,850
Registrar General's estimate of Resident Population Mid-1966	25,630
Number of inhabited houses at 31st December, 1966	8,538
Rateable value	£1,515,705
Net product of 1d. rate	£6,300

(b) PHYSICAL AND SOCIAL CONDITIONS

The Registrar General's estimate of resident population for mid-1966 reveals an overall increase of 300. The natural increase of population i.e. the excess of births over deaths for the year was 170.

The main employment in the town is provided by manufacturing industries (4,165) professional and scientific services (2,925) distributive trades (1,900) construction (1,720). One hundred and fifty-nine men and twenty women were unemployed, mainly semi-skilled, construction and transport.

Agriculture, Forestry and Fishing	
Mining, Quarrying	790
Manufacturing Industries	4,165
Construction	1,720
Gas, Electricity and Water	140
Transport and Communication	945
Distributive Trades	1,900
Insurance, Banking and Finance	590
Professional and Scientific Services	2,925
Miscellaneous Services	1,320
Public Administration	1,075

Hitchin is surrounded on three sides by the Chilterns and is in proximity to the county of Bedfordshire. This busy market town, situated on the River Hiz, is probably the Saxon Hicce where King Offa lived for a while. Many Belgic and Roman remains have been found and some of these are housed in the excellent museum.

From the time of King Harold until the early 19th Century it was a royal manor which the Domesday Book shows to have extended over half a dozen parishes.

In the Middle Ages it drew its prosperity chiefly from wool and now, although the town is mainly residential, there are light industries varying from rose growing and lavender distilling, to engineering. One of Hitchin's firms makes most of the parchment now in use, as well as being among the most important producers of fine bookbinding leather in the world.

The Elizabethan playwright, George Chapman, completed his translation of Homer's Iliad here. Sir Henry Bessemer was a native of Charlton. In Benslow Lane the house that is now Benslow Nursing Home was once a ladies' college, established in 1869. Four years later it was transferred to Cambridge where it became Girton College.

Hitchin still retains an essentially medieval plan - contrasting pleasantly with its local amenities - with a series of streets radiating from the market place. In the 17th Century its development was checked by repeated outbreaks of plague.

There is a great deal of new development going on and Hitchin Priory - originally a house of the White Carmelites founded in the time of Edward II - has now been acquired from the Radcliffe family by Hertfordshire County Council for residential educational courses.

HITCHIN VITAL STATISTICS 1966

LIVE BIRTHS-

	MALES	FEMALES	TOTAL
Total	246	238	484
Legitimate	230	218	448
Illegitimate	16	20	36
Live Birth Rate(uncorrected) per 1,000 population	-	-	18.8
Live Birth Rate(corrected) per 1,000 population	-	-	17.8
Illegitimate live births percentage of total live births.. .. .	-	-	7.4

STILL BIRTHS-

	MALES	FEMALES	TOTAL
Total	4	2	6
Rate per 1,000 live and still-births	-	-	12.2
Total live and still-births	250	240	490

DEATHS OF INFANTS UNDER 1 YEAR OF AGE-

	MALES	FEMALES	TOTAL
Total	2	5	7
Legitimate	2	4	6
Illegitimate	-	1	1
Infant Mortality Rate per 1,000 live births	-	-	14.4
Legitimate Infants per 1,000 legitimate live births	-	-	13.4
Illegitimate Infants per 1,000 illegitimate live births	-	-	27.8
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	-	-	10.3
Early neo-natal mortality rate(deaths under 1 week per 1,000 total live births)	-	-	6.2
Perinatal mortality rate(still-births and deaths under 1 week combined per 1,000 total live and still-births	-	-	18.3

MATERNAL MORTALITY, INCLUDING ABORTION-

Number of deaths	-	-	-
Rate per 1,000 total live and still-births	-	-	0.00
TOTAL DEATHS	144	170	314
Death Rate(uncorrected)	-	-	12.2
Death Rate(corrected)	-	-	10.3
Natural increase of population	-	-	170

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1966 IN THE

URBAN DISTRICT OF HITCHIN

General Register Office, Somerset House, Strand, London, W.C.2.

ICD No.	CAUSES OF DEATH	Sex	Total All Ages	Under 4 Weeks	4 Weeks and Under 1 year									
						1-	5-	15-	25-	35-	45-	55-	65-	75 & Over
001-008	1. Tuberculosis, Respiratory	M F	3 -	- -	- -	- -	- -	- -	- -	- -	1 -	2 -	- -	- -
001-038	9. Other Infective and Parasitic Diseases	M F	- 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- 1
151	10. Malignant Neoplasm, Stomach	M F	4 5	- -	- -	- -	- -	- -	- -	- -	1 -	1 1	1 1	1 3
162/163	11. Malignant Neoplasm, Lung & Bronchus	M F	9 3	- -	- -	- -	- -	- -	- -	2 -	- -	2 2	3 1	2 -
170	12. Malignant Neoplasm, Breast	M F	- 6	- -	- -	- -	- -	- -	- -	- -	3 -	1 -	- -	2 -
171-174	13. Malignant Neoplasm, Uterus	F	1	-	-	-	-	-	-	-	-	1	-	-
Rem. 140-205	14. Other Malignant & Lymphatic Neoplasms	M F	16 12	- -	- -	- -	- 1	- -	- -	1 -	1 1	4 4	4 3	7 2
204	15. Leukaemia, Aleukaemia	M F	1 -	- -	- -	- -	- 1	- -	- -	- -	- -	- -	- -	- -
260	16. Diabetes	M F	- 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	1 -
330-334	17. Vascular Lesions of Nervous System	M F	24 36	- -	- -	- -	- -	- -	1 -	- -	- 2	5 1	3 9	15 24

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1960 IN THE

URBAN DISTRICT OF HITCHIN

General Register Office, Somerset House, Strand, London, W.C.2.

[illegible]

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1966 IN THE
URBAN DISTRICT OF HITCHIN
 General Register Office, Somerset House, Strand, London, W.C.2.

ICD No.	CAUSES OF DEATH	Sex	Total ALL Ages	Under 4 Weeks	4 Weeks and Under 1 year	AGE IN YEARS								
						1-								
						1-	5-	15-	25-	35-	45-	55-	65-	75 & Over
590-594	28. Nephritis & Nephrosis	M F	4 1	- -	- -	- -	1 -	- -	1 -	2 -	- -	- -	- -	- 1
750-759	31. Congenital Malformations	M F	- 2	- 1	- -	- -	- -	- -	- -	- -	1 -	- -	- -	- -
001-795	32. Other Defined & Ill-Defined Diseases	M F	17 24	2 1	- 1	- 1	- -	- -	- -	- -	- -	1 -	2 1	12 20
E810- E.835	33. Motor Vehicle Accidents	M F	2 -	- -	- -	- -	1 -	- -	- -	- -	1 -	- -	- -	- -
Rem E800-E899	34. All Other Accidents	M F	5 7	- 1	- 1	1 -	- -	- -	- -	- -	1 -	- -	1 1	2 4
TOTAL ALL CAUSES		M F	144 170	2 3	- 2	1 2	3 -	1 -	2 -	4 2	13 9	26 14	33 29	59 109

I N F A N T D E A T H S

HITCHIN

Place of Birth	Date of Death	Cause of Death	Age	Birth Weight	Age of Mother	Died at	Sex	Legit	Illegit.
North Herts Maternity Unit	3.2.66.	Erythroblastosis foetalis	19 hrs	6 lbs.	22	North Herts Hospital.	M	-	
North Herts. Maternity Unit	19.4.66.	Prematurity	1 week	2lbs.5ozs	30	North Herts Hospital	F	-	
North Herts. Maternity Unit	22.10.66.	Hydrocephalus Spina Bifida	3 weeks	6lbs.8ozs	21	Lister Hospital	F	-	
Home	25.11.66.	Inhalation of Vomit	1 day	9 lbs.	25	Home	F	-	
	1.12.66.	Aspiration of Vomit	7 mths			Home	F	-	
North Herts. Maternity Unit	28.12.66.	Prematurity	9 hrs	2lbs.6ozs	18	North Herts Hospital	M	-	
Home	6. 2.66.	Cardiac Arrest Encephalitis	7 mths	8 lbs.	23	Lister Hospital	F	-	

HITCHIN URBAN DISTRICT

	District 1966	North Hertfordshire Division	Hertfordshire	England and Wales
Population	25,630	147,470	872,100	48,075,300
Live Births(Crude)	18.8	19.2	17.3	17.7
Live Births(Corrected)	17.8	*	16.3	*
Death Rate - All Causes Crude	12.2	8.4	9.1	11.7
Death Rate - All Causes Corrected	10.3	*	10.1	*
Infective & Parasitic Diseases-excluding Tuberculosis, but in- cluding Syphilis and other V.D.	0.03	0.06	0.03	*
Tuberculosis - Respiratory	0.11	0.04	0.03	0.04
Other Forms	0.00	0.01	0.01	0.01
All Forms	0.11	0.01	0.03	0.05
Gancer	2.2	1.8	1.9	2.2
Vascular Lesions of the Nervous System	2.3	1.2	1.3	*
Heart and Circulatory Diseases	3.9	2.9	3.1	*
Respiratory Diseases	0.85	0.7	1.2	*
Maternal Mortality	0.00	0.00	0.3	0.3
Infantile Mortality	14.4	11.6	13.9	19.0
Neo Natal Mortality	10.3	6.3	9.3	12.9
Early Neo Natal Mortality	6.2	4.5	7.9	11.1
Perinatal Mortality	18.3	16.0	19.5	26.3
Still-births	12.2	11.6	11.7	15.4

* Not available

DIVISIONAL VITAL STATISTICS 1966.

<u>LIVE BIRTHS:</u>	<u>Males</u>	<u>Females</u>	<u>TOTAL</u>
<u>Total</u>	1,448	1,385	2,833
Legitimate	1,362	1,294	2,656
Illegitimate	86	91	177
Live Birth Rate (uncorrected) per 1,000 population	-	-	19.2
Live Birth Rate (corrected) per 1,000 population	-	-	*
Illegitimate live births percentage of total live births	-	-	6.2

STILL-BIRTHS:

<u>Total</u>	14	19	33
Rate per 1,000 live and still-births	-	-	11.6
<u>Total live and still-births</u>	1,462	1,404	2,866

DEATHS OF INFANTS UNDER 1 YEAR OF AGE:

<u>Total</u>	18	15	33
Legitimate	16	14	30
Illegitimate	2	1	3
Infant Mortality Rate per 1,000 live births	-	-	11.6
Legitimate Infants per 1,000 legitimate live births ...	-	-	11.3
Illegitimate Infants per 1,000 illegitimate live births ...	-	-	16.9
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	-	-	6.3
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	-	-	4.5
Perinatal mortality rate (still-births and deaths under 1 week combined per 1,000 total live and still-births)	-	-	16.0

MATERNAL MORTALITY, INCLUDING ABORTION:

Number of deaths	-	-	NIL
Rate per 1,000 total live and still-births	-	-	0.00

<u>TOTAL DEATHS:</u>	631	617	1,248
Death Rate (uncorrected) ...	-	-	8.4
Death Rate (corrected) ...	-	-	*
Natural increase of population	-	-	1,585
Overall increase of population			3,550

* Not available.

DIVISIONAL VITAL STATISTICS.

In any discussion on vital statistics it must always be remembered that relatively small populations do not always provide the soundest basis for comparative purposes. It may, therefore, be of more value to consider the rates for the North Hertfordshire division as a whole, consisting as it does of a population of almost 150,000. Deductions based on such numbers may be considered to be reasonably valid. Minor fluctuations in rates, however, from year to year should not be considered too seriously but observation of the overall trend over a period of years is of value. Crude rates, such as a crude death rate are relatively invalid for comparative purposes, since they are affected by population structure as to age and sex: ageing populations for example living in the most healthy surroundings would exhibit a higher crude death rate than a young population living in an industrial area.

LIVE BIRTHS:

A total of 2,833 live births occurred in 1966, 177 of which were illegitimate. 6.2% of live births were, therefore, born to unmarried mothers. For some years the number of live births has progressively increased over the country as a whole with minor fluctuations. Births in social classes I, II, III (Registrar General's Classification) are now becoming more numerous with a tendency for births in the classes IV and V to decrease. This is an interesting trend. The age at marriage continues to decrease without a corresponding increase in births. The birth rate for the division was 19.2, in excess of that for the remainder of Hertfordshire (17.3) and for England and Wales (17.7).

The birth rate corresponded to an overall increase in population based on the Registrar General's estimate of population for mid-1966 of 2,550 the natural increase i.e. excess of births over deaths being 1,585. The birth rate is expressed as the number of live births per thousand of the mid-year population both male and female and is proportionate to the number of women of child-bearing age; to overcome this difficulty, an area comparability factor is applied to crude rates. The birth rate is not, however, an accurate index of fertility. The rising trend in live birth rate has been accompanied by a general rise over the whole country of illegitimate births.

DEATHS:

The death rate for the division from all causes was 8.4, Hertfordshire 9.1, England and Wales 11.7. The rate in North Hertfordshire, therefore, is less than that for the remainder of the County and markedly less than the country as a whole. The commonest causes of death for England and Wales in descending order are as follows: Heart and Circulatory Diseases, Cancer, Vascular Lesions of the Nervous System and Respiratory Diseases, and the deaths in this division followed this ranking. The very low death rate from respiratory diseases (0.7/1000), (Hertfordshire 1.2) is of interest. This rate includes bronchitis and pneumonia, but excludes cancer of the lung. This rate may be a reflection of the superiority of the environment compared with the industrial areas of the North, where respiratory diseases are often the second commonest causes of death. It should be emphasised also that the death rate from respiratory diseases is half that for the rest of Hertfordshire.

INFANT MORTALITY:

The infant mortality rate represents the number of children dying under the age of one year per thousand live births. The rate for the division of 11.6, Hertfordshire 13.9, England and Wales 19.0 was most satisfactory. The infant mortality rate has proved a most useful measure of the risks during infancy in the past. It has provided an index of the relative well being of communities. The reduction in such rates from 150 per 1,000 in England and Wales in the early years of this century to the present rate of 11.7 reflects the great improvement in environment, and health service provisions that have occurred. This rate, however, is perhaps most useful when employed as a vital statistic in emergent or relatively primitive communities and is not the most satisfactory guide to the standard of maternal care.

After the first month of life accidental mechanical suffocation, bronchitis and pneumonia are the most important conditions contributing to post neonatal death rates and sudden death is a particular hazard of the post neonatal period. Banks, (1958) found that such deaths

represented 20% of all infant deaths. The report of Enquiry into Sudden Death in Infancy (1965) was concerned with a study of over 200 sudden deaths in infants aged between two weeks and two years. The enquiry revealed that the peak incidence of cases of sudden unexplained deaths in infancy was in the two to three months age group; 60% of cases were found by the parents in the morning; 38% of 102 cases were found with mouth and nose completely or partially covered by bedding; there was a greater prevalence during Winter; a history of preceeding respiratory infection was frequently given; pillows and mattresses in fatal cases were usually soft. Certain social factors were discovered, a higher percentage of illegitimate births, poorer types of home, younger mothers, tendency to overcrowding. Cows milk proteins were demonstrated in the lungs of 42% of 60 unexplained cases of sudden death. No firm conclusions were drawn in the report. The findings suggest the following as factors in causation, early bottle feeding, hypersensitivity to cows milk, soft pillows and recent infection.

The risk of unexplained sudden death before the age of two years may be compared with the risk to a child under five dying in a road accident.

The former risk is twice that of the latter. Such measures as the avoidance of pillows for young infants and early breast feeding together with the realisation of the risks of respiratory infections to young children might do much to lessen the incidence of this condition.

PERINATAL MORTALITY:

Infant mortality rates are now over-weighted by those deaths occurring under the age of one month (neonatal). This combination of neonatal deaths within the infant mortality rate has the effect of reducing the apparent rate of decline of the latter. There is also a tendency as the neonatal rate increases for the stillbirth rate to diminish and it may be a fair assumption that the borderline between stillbirth and survival for the first week or month of life is to some degree artificial.

The perinatal rate, stillbirths and deaths under one week per thousand live and stillbirths, was introduced to overcome the latter difficulty.

The greater number of perinatal deaths are due to prematurity; the problem, therefore, is rather one of the hazards of childbirth to the foetus than of any deficiencies in the community as a whole. The continuing low maternal mortality rates reveal that pregnancy is comparatively less dangerous for the mother. The National Birthday Trust Fund Report stressed the categories of high risk mothers, which included a previous history of abortions, premature births or stillbirths, past histories of toxæmia, ante-partum hæmorrhage and caesarean section.

The report concluded that the perinatal mortality would be greatly reduced if the following standards were adopted:

- (a) Primigravidae and multiparae with a first stage of 24 hours or more and women with any abnormality including rhesus antibodies to be confined in hospital.
- (b) Immediate delivery to be effected in primigravidae and multiparae with second stages lasting one to two hours.
- (c) Hospital delivery for those women whose membranes had been ruptured for 24 hours.
- (d) Greater care of the infant during the inter-natal and immediate post-natal periods with early diagnosis of foetal distress and prompt resuscitative measures. It is of interest in this regard that post mortems carried out on 93% of perinatal deaths in March, 1958, showed that 30% were due to intra-partum anoxia.

The dominant factor in perinatal mortality is prematurity; although premature infants make up only 7% of all births, they provide over half the number of stillbirths and 60% of first week deaths each year. The definition of prematurity as a birth weight of $5\frac{1}{2}$ lb. or less does not distinguish between a small baby born at term and a true premature infant. It is perhaps preferable to employ the term "low birth weight". Those premature infants who survive tend to have a higher incidence of physical and intellectual handicaps.

The Annual Report of the Chief Medical Officer of the Ministry of Health contains some interesting statistics on prematurity and refers to the great deal of attention paid to this problem in recent years. It stresses that not only should premature infants be kept alive but that the handicaps to which their birth exposes them should be diminished.

Full understanding of the causation of prematurity is still ill-understood. Obstetric factors such as preeclampsia and ante-partum haemorrhage are all associated with low birth weight. Such factors as smoking, working during pregnancy and previous unsuccessful conception have all been linked with prematurity.

High standards of ante-natal care are required to prevent the onset of premature labour, special baby care units should now be a part of all maternity units throughout the country. These units containing specialist paediatric and nursing teams provide the best chance that the premature infant has, both to survive and to develop normally.

A major cause of death in low-birth rate infants for, example, is the respiratory distress syndrome. Premature infants of all weights have a particularly high mortality within twenty-four hours of birth. The lower the birth weight of premature infants the greater the risk.

The perinatal mortality rate for the division was 16.0, Hertfordshire 19.5, England and Wales 26.3, and may be considered satisfactory. The stillbirth rate i.e. births at or over 28 weeks, not live-born, per thousand births live and still was 11.6, Hertfordshire 11.7, England and Wales 15.4.

TUBERCULOSIS:

The death rate for tuberculosis was 0.03, (Hertfordshire 0.03, England and Wales 0.04). The rate remains at a satisfactorily low level with a total of 7 deaths. Continuance of such low rates must not, however be an encouragement to relax the efforts at eradication, particularly in view of the presence of increasing numbers susceptibles. Contact tracing, B.C.G. vaccination, the use of diagnostic radiology must continue.

INFECTIVE AND PARASITIC DISEASES:

The rate for these diseases including all infectious conditions but excluding tuberculosis and including venereal diseases was 0.06, (Hertfordshire 0.03) with a total of 9 deaths.

CANCER:

The death rate for cancer of all sites was 1.8, Hertfordshire 1.9, England and Wales 2.2, with a total for the division of 317 deaths, 25% of which were due to cancer of the lung with a total of 81 deaths, 66 in men and 15 in women; 8% to cancer of the stomach (26 deaths); 7% to cancer of the breast (21 deaths) and 3% to cancer of the uterus. There were 7 deaths from leukaemia. A general increase in the incidence of cancer has occurred in most European countries, with varying changes in types.

Intestinal cancer has decreased in both sexes. Cancer of the pancreas, ovary and fallopian tubes has increased. Cancer of the uterus has declined. Women with one or no children are more likely to suffer from cancer of the uterus than cancer of the cervix. One in twenty of all women may expect to contract cancer of the breast. It has been estimated that the bearing of two or three children reduces the likelihood of breast cancer developing after the age of 45 by one fifth and that four or more children reduce it by two fifths.

Deaths from lung cancer continue to increase each year. In 1965, 755 more deaths occurred in men in England and Wales than in 1964 and in females 272. It must be emphasised that the major factor in such deaths is cigarette smoking. It is difficult to accept the evidence that less people are smoking than before but there is no doubt that of those who do, many acknowledge and accept the risk. There is sound evidence that the risk of deaths from lung cancer falls substantially within the few years of ceasing to smoke and becomes progressively less as the years of non-smoking accumulate.

A number of surveys in England and Wales have shown that at the age of twelve, 10% of boys, at the age of thirteen 20% and at the age of fourteen 33% of boys smoke regularly. As many as 3% of seven year olds may smoke and 60% of school leavers. The incidence of smoking is higher in

Secondary Modern than in Grammar Schools and is always higher in boys than in girls. The causation in children has been studied and it appears that social pressures, imitation of elders and a wish for adult status play a role. There is a known positive association between parents' and children's smoking habits. It was as a result of such surveys that it was suggested that health education programmes in this direction should be centered on the primary schools. There is some evidence, however, recently, that less school children are smoking than these surveys would suggest.

It should be emphasised that cancer of the lung is now the most common type of malignant disease and represents a major health hazard. In the last thirty years deaths from this cause have increased eight-fold in men and three to four-fold in women. A general upward trend in deaths from cancer of the breast continues and now represents the third commonest type of cancer.

VASCULAR DISEASES OF THE NERVOUS SYSTEM:

The death rate from these causes was 1.2, (Hertfordshire 1.3) with a total of 190 deaths and represents the third commonest cause of death, both in the country as a whole and in this area. Variations from year to year are slight and no upward or downward trend is discernible. Such deaths include 'strokes' due to cerebral haemorrhage, thrombosis or embolism and mortality increases progressively with age.

HEART AND CIRCULATORY DISEASES:

The rate for this division was 2.9, slightly less than for the remainder of Hertfordshire (3.1) with a total of 433 deaths. This group of diseases represents the commonest cause of death in the country and includes coronary heart disease and angina. The mortality from these causes is appreciably higher between the ages of 45 to 54 years in men, the productive years.

DISEASES OF THE RESPIRATORY SYSTEM:

The death rate from respiratory disease in the division was 0.7, half that for Hertfordshire (1.2) with a total of 144 deaths. The lowness of this rate reflects the very satisfactory living conditions and the lack of atmospheric pollution in North Hertfordshire. It does not, however, indicate that the provision of smoke control areas is unnecessary.

MATERNAL MORTALITY:

There were no maternal deaths in the divisional area of North Hertfordshire in 1966, a most satisfactory state of affairs. The report on the Confidential Enquiries into Maternal Deaths in England and Wales for the years 1961 to 1963 was published in 1966. The report showed that deaths due to pregnancy or child-birth were most commonly due to abortion and that toxæmia and hæmorrhage as causes of death were now less common. The deaths following abortion were due to hæmorrhage, sepsis or embolism and the report suggested that some of these deaths might have been avoided by early treatment or by the use of "flying squads", although it also suggested that many represented a large and serious social problem. The report showed that nearly one third of maternal deaths occurred in the early part of pregnancy, before the child could be considered capable of life. It showed also that the risk of death during pregnancy or child-birth is greatest in women with an obstetric or medical abnormality, in women aged 35 or more bearing their fifth or subsequent child and women pregnant for the first time who were more than 30 years of age. The report also suggested that girls under the age of 16 were subjected to greater than average risks. The report also drew attention to the fact that in the two years, 1961 to 1963, 3,211 maternities occurred amongst girls of fifteen or less with four maternal deaths, indicating the risks to young mothers of pregnancy.

S E C T I O N ' B '

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

DIVISIONAL MEDICAL OFFICER AND MEDICAL OFFICER OF HEALTH:

Dr. J.D. Hall

ASSISTANT COUNTY MEDICAL OFFICERS:

Dr. S.J. Moynihan	Dr. P.T. Horder
Dr. D.M. Batty	Dr. A.T. Leaver

PART-TIME MEDICAL OFFICERS:

Dr. H.I.L. Hall	Dr. E.E. Walton
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DIVISIONAL WELFARE OFFICER:

Mr. H.T.W. Matthews

DIVISIONAL NURSING OFFICER:

Miss S.H. Kestin

DEPUTY DIVISIONAL NURSING OFFICER:

Miss V. Nichol

CHIEF CLERK:

Mrs. M.E. Scott

DEPUTY CHIEF CLERK:

Mrs. E. Trinder

SECRETARY TO DIVISIONAL MEDICAL OFFICER

Mrs. A. Tytler

OPHTHALMOLOGIST:

Dr. S. Anandarjan

PSYCHIATRISTS:

Dr. R.M. Gabriel	Dr. O. Roper
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AUDIOLOGIST:

Dr. M. V. Bickerton

HOME HELP ORGANISER:

Mrs. O.M. Benton

HEALTH VISITORS AND NURSING STAFF:

Miss B. Armitage	Mrs. M.W. Kingtoner
Miss M.E. Aylett	Miss M.E. Lane
Mrs. I. Baggs	Mrs. M. Lanham
Miss W.M. Baldwin	Miss J. Lentieul
Mrs. P. Ball	Miss M. MacArthur
Mrs. S.O. Ball	Mrs. S.E. Massey
Mrs. K. Barratt	Miss E.M. McClay
Mrs. E. Bates	Mrs. A.E.M. McGraa
Miss A.E. Bemment	Mrs. L.M. McIntyre
Miss V.M. Bennett	Miss F.D. McNamara
Mrs. S. Bentley	Mrs. Z.E. Mills
Miss N. Bumfrey	Miss K. Muggeridge
Miss A.M. Bunton	Mrs. J.I. Nicholls
Mrs. D.M. Burgess	Mrs. J. Noakes
Miss J.M. Butler	Mrs. C. Nutt
Mrs. M. Carney	Mrs. J. Oyefeso
Miss E. Chaytor	Miss A.D. Phillipson
Mrs. A.K.M. Clowser	Miss A. Phipps
Miss J. Crew	Miss C.Y. Poon
Miss E. Collier	Miss E.L. Read
Mrs. D. Cooper	Miss F. Redknap
Miss E.M. Cooper	Mrs. D.M. Rendle
Miss G. Crisp	Mrs. H.J. Richards
Mrs. M.B.M. Crisp	Mrs. D. Robbins
Mrs. P.J. Crosskell	Mrs. E. Rogers
Mrs. E.G. Dickinson	Mrs. F.B. Russell
Mrs. J. Doyle	Mrs. M.P. Sayer
Miss V.P. Dudley	Miss N. Scrivens
Mrs. N. Edwards	Miss S. Seal
Mrs. V.M. Fraser	Mrs. S. Selves
Mrs. I.M. Futter	Miss M.E. Shells
Mrs. H. Gilchirst	Mrs. D.M. Sickler
Mrs. V.S. Gardner	Miss D.M. Sisman
Miss P. Ghadimi	Miss J.M. Steer
Mrs. H.B. Grant	Mrs. D.A. Stephens
Mrs. D. Groae	Miss E. Stoba
Mrs. E.R. Hague	Miss M. Tiley
Mrs. A.M. Hall	Miss D.M. Tolchard
Mrs. G.E. Harvey	Miss P.M. Tomkies
Mrs. C. Henderson	Miss D.B. Wagland
Miss M.L. Hibbert	Mrs. M.J. Wall
Mrs. H. Holding	Mrs. D. Warner
Mrs. J. Hook	Miss M. Wells
Miss R.P. Hulks	Miss E.F. Wilkinson
Mrs. N. Jarvis	B.M. Wood
Mrs. C. Kay	Miss M. Wood
Mrs. M.C. Kemp	Mrs. V. Worrall
Mrs. G.W. Kirby	Mrs. A.V. Wright
Mrs. J. King	

ORTHOPTIST:

Mrs. D. Bottoms

SPEECH THERAPIST:

Mrs. M. Evesham

TRAINING CENTRE SUPERVISORS:

Mrs. A. Howie Mr. J. Power

MENTAL WELFARE OFFICERS:

Mr. A.E. Nwosu	Miss M.Z. Walkey
Miss E.M. Morris	Mr. J.W. Crick
Mrs. J. Smith	Miss P.M. White

PART-TIME CHIROPODISTS:

Mr. W. D. Crawford	Mrs. M. W. Read
Mr. R. W. Hawkes	Mr. A. Shepherdson
Mr. R. Hulks	Mr. A. H. Steer
Mr. T. S. McConnell	Miss K. M. Tansley
Mr. A. E. Read	Mrs. S. A. Topham

SECTIONAL CLERK:

Miss F.E. Fossett

CLERKS:

Mrs. J. Clark	Mrs. J. R. Rendo
Miss S. Daniels	Miss C.M.J. Spencer
Mrs. J. Hessey	Mrs. P. Thirlwell
Miss C. Harvey	Miss A. Tuley
Miss J. Howell	Miss S. J. Warner
Mrs. B. E. Hughes	Mrs. E. Wigg
Mrs. D. Lewis	

CHILD GUIDANCE SECRETARY:

Miss P.J. Waller

HOME HELPS:

54 Home Helps

ANTE-NATAL INSTRUCTION CLASSES

Clinic	No. of attendances.
Baldock	102
Hitchin	333
Letchworth.. .. .	277
Royston	389
Stevenage	1,160
TOTAL	<hr/> 2,261

LOCAL HEALTH AUTHORITY SERVICES

Care of Mothers and Young Children - Section 22

ANTE-NATAL CLINICS:

I.W.C. Pinnocks Lane, Baldock.	Monday 2.30 p.m. - 3.00 p.m.
G.P. Surgeries Hitchin	Friday afternoons 2.00 p.m. - 4.00 p.m.
	Tuesday Afternoons 1.30 p.m. - 4.00 p.m.
G.P. Surgeries Letchworth	Thursday afternoons 2.00 p.m. - 4.00 p.m.
	Tuesday afternoons 2.15 p.m. - 3.15 p.m.
G.P. Surgeries Royston	By arrangement
G.P. Surgeries Stevenage	Mondays and Fridays 2.00 p.m. - 4.00 p.m.

ATTENDANCES:

Clinic	No. of patients who attended	No. of Attendances
Baldock	67	67
Hitchin	177	277
Letchworth.....	300	768
Royston	18	27
Stevenage	709	7,383
TOTAL	1,271	8,522

Antenatal care is carried on by midwives and general practitioners.
There were 2,866 live and stillbirths in the divisional area in 1966

FAMILY PLANNING CLINICS

The Hitchin branch of the Family Planning Association have the use of the Hitchin clinic. Sessions are held on:

Tuesdays : 1.30 p.m. - 3.00 p.m.
(except August and Christmas and
Easter Week.)

Wednesdays 7.00 p.m. - 8.00 p.m.
(2nd and 4th in each month)
including August.

Thursdays: 9.30 a.m. - 10.30 a.m.
By appointment only.

The Association is shortly to commence a session each week at the Letchworth Clinic.

INFANT WELFARE CLINICS:

I.W.C. Pinnocks Lane, Baldock.	Wednesday 2 - 4 p.m.	Dr. S.J. Moynihan
I.W.C. Bedford Road, Hitchin.	Mondays & Fridays 2 - 4 p.m.	Dr. D.M. Batty
Community Centre, Woolgrove Road, Walsworth, Hitchin.	2nd and 4th Wednesdays 2 - 4 p.m.	Dr. H.I.L. Hall
Oakfield Estate, (Mobile) Hitchin.	2nd Thursday	Dr. D.M. Batty
I.W.C. Nevells Road, Letchworth.	Mondays & Thursdays 2 - 4 p.m.	Dr. S.J. Moynihan
Community Centre, Middlefields, Letchworth.	2nd and 4th Mondays 2 - 4 p.m.	Dr. H.I.L. Hall
I.W.C. Lady Dacre Room, Market Hill, Royston.	1st Tuesday 2 - 4 p.m.	Dr. E.E. Walton
I.W.C. Southgate, Stevenage.	Mondays & Thursdays 2 - 4 p.m.	Dr. P.T. Horder
I.W.C. 27 High Street, Stevenage.	Tuesday 2 - 4 p.m.	Dr. H.I.L. Hall
Lodge Farm Health Annexe, off Mobbsbury Way, Stevenage.	Monday, Wednesday & Thursday 2 - 4 p.m.	Dr. P.T. Horder
Peartree Health Annexe, off Hydean Way, Stevenage	Tuesday & Wednesday 2 - 4 p.m.	Dr. A.T. Leaver
I.W.C. St. Peter's, Broadwater, Stevenage.	Friday 2 - 4 p.m.	Dr. H.I.L. Hall
I.W.C. Merchant Taylor Further Education Centre, Ashwell	3rd Friday 2 - 4 p.m.	Dr. S.J. Moynihan
I.W.C. Barkway (Mobile)	2nd Monday 10.0 a.m. to midday	Dr. D.M. Batty
I.W.C. Baptists' School Room, Breachwood Green	2nd Thursday 2 - 4 p.m.	Dr. D.M. Batty
I.W.C. Cockenhoe (Mobile)	3rd Wednesday 10.0 a.m. to midday	Dr. D.M. Batty
I.W.C., W.I. Hut, High Street, Codicote	2nd Thursday 2 - 4 p.m.	Dr. D.M. Batty
I.W.C. Holwell (Mobile)	1st Monday 10.0 a.m. to midday	Dr. D.M. Batty
I.W.C. Memorial Hall, Hall Lane, Kimpton	4th Monday 2 - 4 p.m.	Dr. D.M. Batty

I.W.C. Ickleford (Mobile)	3rd Wednesday 2 - 4 p.m..	Dr.D.M. Batty
I.W.C. Village Hall, Great Offley	1st Thursday 2 - 4 p.m.	Dr. D.M. Batty
I.W.C. Sandon (Mobile)	1st Wednesday 10 a.m. - midday	Dr. D.M. Batty
I.W.C. Weston (Mobile)	1st Friday 10 a.m. - midday	Dr. S.J. Moynihan
I.W.C. Whitwell (Mobile)	4th Thursday 2 - 4 p.m.	Dr. D.M. Batty

Clinic	Children Born in 1966	Children Born in 1965	Children Born in 1961 - 1964	No. of Attendances
Baldock	104	108	245	1,704
Hitchin	469	441	532	5,752
Letchworth	443	316	334	6,462
Royston	144	150	120	1,909
Stevenage	1,143	976	837	16,495
Hitchin Rural	269	281	333	3,518
TOTAL	2,572	2,272	2,401	35,840

Attendances at infant welfare clinics continue to increase and reflect the general need for such local health authority provision. The large number of clinics which are required over an area often rural in nature, impose a burden on staffing due to the increasing difficulties in the recruitment of medical and nursing staffs.

Attendances at clinics are kept constantly under review in certain areas in order that where a need is not being met changes can be made. In general, clinics provide facilities for routine examinations at varying ages and for immunisation and vaccination. Sessions are held for antenatal and instruction purposes.

The recommended range of proprietary foods is on sale. I am indebted to the W.R.V.S. and other voluntary helpers for their services in this respect.

No new clinics were completed during the year. A new mini-clinic or school annexe will be completed in Letchworth in 1967 and will be used until a multi-purpose clinic is built on the Jackman's Estate. This will provide accommodation for three general practitioners in addition to the full range of local health authority services.

It is not expected that in normal circumstances new clinics solely for health authority use will be erected. New clinic building will most probably include provision for general practitioners. The objections among the latter to the concept of health centres have now diminished, and the tendency over the whole country is to the grouping of all community health services.

PREMATURE INFANTS:

A premature infant is one which weighs $5\frac{1}{2}$ lb. or less at birth. Observations on the risks of prematurity are included elsewhere in the discussion on divisional vital statistics.

There were 126 premature births in the division, seven were twins, 14 were stillborn. 15% were born at home and 85% in hospital. 9 premature babies died in the first four weeks of life, 8 in hospital.

PREMATURE INFANTS BORN IN 1966

	Born Alive			Stillbirths			Died under 28 days			No. who survived 28 days			
	At home	In Hosp.	Total	At Home	In Hosp.	Total	No. removed to hosp. after Birth	At Home	In Hosp.	Total	Born at Home	Born in Hosp.	Total
Baldock	2	1	3	1	0	1	0	0	0	0	2	1	3
Hitchin	5	2 twins 19	26	1	2	3	0	0	2	2	5	19	24
Letchworth	5	16	21	0	3	3	1	1	0	1	4	16	20
Royston	0	3 twins 8	11	0	1	1	0	0	1	1	0	10	10
Stevenage	10	1 twin 44	55	0	6	6	2	0	4	4	10	41	51
Hitchin Rural	0	1 twin 18	19	0	0	0	0	0	1	1	0	18	18
TOTALS	22	113	135	2	12	14	3	1	8	9	21	105	126

CARE OF THE UNMARRIED MOTHER AND CHILD

AGE INCIDENCE:

(1) Age 15 - 19	..	..	..	..	..	..	..	32
(2) Age 20 - 24	..	..	..	..	..	..	..	17
(3) Age 25 - 29	..	..	..	..	..	..	..	5
(4) Age 30 - 39	..	..	..	..	..	..	..	5
(5) Age 40 and over	..	..	..	..	..	..	..	2

A total of 177 illegitimate births were in fact notified by the Registrar General during 1966.

DAY NURSERIES

Section 22 of the National Health Service Act of 1946 empowers local authorities to provide or aid the provision of day nurseries for children under five. Parents are expected to make payments according to their means. The Nurseries and Child Minders Regulation Act of 1948 authorises the keeping of registers of day nurseries and their supervision by local health authorities. Admission of children to this single day nursery in the division have to be carefully regulated and certain categories for admission have been established, these categories are as follows:-

children of widows or widowers

children of unmarried mothers

children of deserted wives or husbands

children of parents in prison

children of parents suffering from chronic illness or disablement.

temporary cases, for example, mother's illness or confinement.

children recommended by doctor or health visitor for temporary help.

children of parents coming within the "Essential Services" categories; for example, teachers and nurses, (Local Committee Members' approval required)

children living in bad housing conditions.

children of families where there was a risk of break-up in family.

The Noel Day Nursery has places for forty children and the average daily attendance throughout the year was thirty-five.

M I D W I F E R Y - S E C T I O N 2 3

Thirty-nine midwives, thirty-two part-time, were employed in the divisional area at 31st December, 1966. It is gratifying, in view of the national shortage of practicing midwives, to know that midwives can be recruited and retained in this area. The average number of confinements attended by each midwife during 1966 was thirty-one. All midwives are authorised to use their private motor cars on official business and the County Council in common with other local authorities operate an assisted car purchase scheme for staff classified as "essential users".

Post graduate courses were arranged for those members of the staff who were required to attend in accordance with Section G of the Rules of the Central Midwives Board, six midwives attended these courses.

All midwives are provided with Gas and Air apparatus, or Trilene if specially required. Gas and air is being gradually replaced by Entonex - gas and oxygen.

Of the 2,833 live and still births in the division during 1966, the district midwives delivered 1,113 babies. 44% of all deliveries, therefore, were domiciliary. The Cranbrook Committee in its report on the Maternity Services recommended that provision should be made for 70% of all mothers to be confined in hospital. Midwives also attended 245 mothers who were discharged from hospital within 48 hours. 1,132 were discharged from hospital after this period. The proportion of early discharges was 21%. This figure would appear to be abnormally high. The Annual Report of the Chief Medical Officer of the Ministry of Health for 1965 reported that 9.8% mothers in this Regional Hospital Board Area were discharged within 48 hours. Only the Sheffield Regional Hospital Board approached the North Herts Area percentage of early discharges with 19 per cent. The 1966 percentages will be of interest.

DOMICILIARY MIDWIFERY

<u>ANTE-NATAL</u>							
Visits to Expectant Mothers	..	..	..	..			13,113
Home Condition Reports for Hospital	..	..					471
Ante-Natal Session - Local Authority	..	..					156
Ante-Natal Session - General Practitioner	..						821
Deliveries - Home	..	..	..	..	..	..	1,113
Total. Live and Still Births	..	..	..	..			2,490
Percentage Home Confinements	..	..	..	..			44%
<u>EARLY HOSPITAL DISCHARGES</u>							
Within 48 hours	..	..	..	..	..	..	245
After 48 hours	..	..	..	..	..	..	1,132
Percentage Early Discharges	..	..	..	..			21%

HEALTH VISITING - SECTION 24

The attachment of all health visitors together with district nurses and midwives to general practitioners was completed during 1966.

The attachment is intended to increase the efficiency of both local health authority and family doctor services. The scheme is on the whole working satisfactorily and I append typical comments from health visitors.

" I find these meetings useful in that I have got to know the doctors personally instead of just as a voice over the telephone. In general I find that family doctor liaison has made little difference in my day to day visiting. I think that the benefits from family doctor liaison will be more apparent in the next few years." .

" We feel that this liaison is essential and that it is working quite well. We have found no difficulty in covering the visiting because the doctors confine their practice to the immediate area.".

" In this group practice with three doctors, I find it impossible to visit adequately all the families on the list. I still feel a special tie with the small area I visited before the attachment, and tend to feel that I am wasting my time travelling longer distances, especially if the person in question is out when I get there. I also find in these three areas that I know nobody and nobody knows me. In school work we shall soon find that we no longer know all the children and their home backgrounds".

" Doctors are more approachable and are getting to know us better. We do not however know the people the same ; with a block area you know everyone and if anything unusual happens you are aware of it. We cannot keep track of the floating population".

" Local authorities and general practitioners services are now brought closer together to the mutual advantage of the doctors, health visitors and above all the patient. The general public are increasingly aware of the co-operation between general practitioners and health visitor and from the health visitors point of view work is more interesting. The doctors with whom

I work find the liaison to their advantage. I have less time to give to routine visits. I have a larger area of ground to cover and visits have become more selective. "

"More understanding between doctor and health visitor and so better help is given to people. More spread out area and ineffective visits are very time consuming".

The attitude appears to be generally favourable. The most common fear expressed by health visitors before attachment was that less would be known about a particular school than before. Some also found problems in getting to know new families and in passing on their old ones to new health visitors. In particular cases, more travel was involved and less visits could be carried out.

HEALTH VISITING

Child Welfare	- Visits	38,621
Aged	- Visits	2,532
Others	- Visits	7,461
School Inspections	- Sessions	1,645
Maternity & Child Welfare	- Sessions	2,297
Others	- Sessions	6,493

The staff of the home nursing service in the division at 31st December, 1966 consisted of 39 full-time nurses and 33 part-time. The staff who are able to drive cars are either authorised to use their own vehicles on official business or have been provided with County owned motor vehicles.

The home nurses and health visitors are often instrumental in arranging financial relief for patients through such agencies as the National Society for Cancer Relief and the Marie Curie Fund. One patient was helped by the latter in 1966 and all of the others were referred to the National Society for Cancer Relief whilst in hospital. I am grateful for the help which we receive from these voluntary organisations.

A Night Nursing Service has been established, and two state enrolled nurses have been employed for this purpose. The strain experienced by relatives in nursing terminal illnesses can be relieved by the provision of a nurse. 17 patients were attended in 1966 and a total of 71 visits were paid.

The following are statistics relating to the work of the home nurses in 1966. It will be seen that they made 45,308 visits to 1,949 patients. Nearly half of the patients nursed were aged 65 or over and they were visited on 32,580 occasions. 72% of all visits were, therefore, made to this age group. The over-whelming proportion of the work of the district nurse is now concerned with the over 65s and this is reflected in the increasing proportion of local authority costs for this age group. This disproportionate expenditure will continue to rise as the number of aged increases.

HOME NURSING

Classification	No. of cases attended	No. of visits made
Medical	1,437	38,266
Surgical	464	6,933
Tuberculosis	2	48
Other	46	61
TOTALS	1,949	45,308
Patients included above who were aged 65 or over	933	32,580
Children included above who were under 5 or less	50	403
G.P. Surgery	Sessions	843
G.P. Surgery	Treatments	1,749

VACCINATION & IMMUNISATION - SECTION 26

SMALLPOX VACCINATION.

DISTRICT	1966		1965		1964		1963		1962		1961		1960		1959		1958		1957		1956		1955-1950		TOTAL		
	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	
Baldock U.D.C.	-	-	28	-	3	-	5	1	-	2	-	3	-	5	4	-	7	1	2	1	2	1	2	6	17	49	43
Hitchin U.D.C.	41	-	142	-	42	-	14	-	8	2	3	5	-	-	4	-	4	2	1	3	1	4	2	15	256	37	
Letchworth U.D.C.	6	-	384	-	40	2	22	2	10	2	10	-	1	1	-	2	3	7	2	3	-	2	4	16	482	37	
Royston U.D.C.	4	-	63	-	17	-	9	-	3	3	1	-	-	-	-	-	-	-	1	-	-	-	-	2	94	6	
Stevenage U.D.C.	17	-	541	-	160	-	80	3	26	11	11	14	9	16	7	19	4	20	10	21	3	15	26	94	894	214	
Hitchin R.D.C.	10	-	68	-	24	-	7	-	2	-	-	-	-	-	-	-	-	-	-	1	-	4	-	-	116	-	
TOTAL:	78	-	1226	-	286	2	137	6	46	20	25	22	10	22	12	29	9	38	14	30	6	24	42	144	1891	337	

DIPHTHERIA, WHOOPING COUGH, TETANUS IMMUNISATION:

TRIPLE

DISTRICT	1966		1965		1964		1963		1962		1961		1960		1959		1958		1957		1956		1955-1950		TOTAL	
	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B
Baldock U.D.C.	42	-	62	27	1	39	-	5	1	2	-	1	2	9	-	-	-	-	-	-	-	-	-	-	108	83
Hitchin U.D.C.	207	-	197	107	8	85	6	11	4	10	7	70	3	18	-	7	-	4	-	4	1	2	1	-	434	318
Letchworth U.D.C.	164	-	200	96	13	142	12	16	2	5	1	28	2	1	1	3	1	1	-	-	-	-	1	-	397	292
Royston U.D.C.	81	-	73	27	3	54	3	5	4	3	1	21	-	4	-	1	-	-	-	-	-	-	-	-	165	115
Stevenage U.D.C.	547	-	622	271	32	397	16	24	11	25	8	254	3	45	3	17	-	9	2	6	1	4	2	2	1247	1054
Hitchin R.D.C.	59	-	83	36	14	43	1	9	1	9	-	30	1	8	-	3	-	4	-	1	-	-	-	-	159	143
TOTAL:	1100	-	1237	564	71	760	38	70	23	54	17	404	11	85	4	31	1	18	2	11	2	6	4	2	2510	2005

Note:

No cases of diphtheria have been reported for some time. It is of the utmost importance that immunity to these diseases should be maintained at a high level.

DIPHTHERIA & TETANUS IMMUNISATION:

DISTRICT	1966		1965		1964		1963		1962		1961		1960		1959		1958		1957		1956		1955-1950		TOTAL	
	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B
Baldock U.D.C.	-	-	2	5	1	9	3	1	1	8	3	72	-	22	5	7	-	2	2	2	-	4	-	3	17	135
Hitchin U.D.C.	11	-	9	14	2	22	2	2	1	5	2	120	8	32	6	7	4	7	1	9	1	-	3	50	221	
Letenworth U.D.C.	-	-	2	16	2	6	2	4	3	7	-	238	1	69	1	16	1	9	2	11	1	2	5	20	383	
Royston U.D.C.	-	-	7	17	1	6	3	-	1	6	2	63	-	5	2	2	1	1	1	1	2	-	1	1	21	102
Stevenage U.D.C.	13	-	26	18	2	29	8	11	7	25	7	405	3	106	3	28	1	18	1	8	2	4	3	2	76	654
Hitchin I.D.C.	-	-	7	-	1	6	2	-	2	6	-	63	3	17	-	4	1	2	1	1	1	1	1	1	18	161
TOTAL:	24	-	53	70	9	78	20	18	15	57	14	961	15	251	17	64	7	39	8	32	7	11	13	15	202	1596

TETANUS IMMUNISATION:

DISTRICT	1966		1965		1964		1963		1962		1961		1960		1959		1958		1957		1956		1955-1950		TOTAL	
	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B
Baldock U.D.C.	-	-	-	-	-	-	-	-	-	-	1	-	-	-	4	2	-	1	1	-	-	-	2	-	7	6
Hitchin U.D.C.	-	-	-	-	-	-	-	-	-	1	-	2	3	-	3	2	3	1	3	1	1	-	-	1	13	8
Letchworth U.D.C.	-	-	-	-	1	1	1	-	1	1	1	3	2	3	4	12	3	3	1	6	4	4	18	11	36	44
Royston U.D.C.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	14	6	15	6
Stevenage U.D.C.	-	-	-	-	-	-	-	1	-	-	-	1	2	4	6	6	6	2	3	-	-	-	4	3	21	15
Hitchin R.D.C.	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	-	1	-	-	1	-	3	-	4	5
TOTAL:	-	-	-	-	1	1	1	1	1	2	2	6	7	9	17	24	13	8	7	8	6	4	41	21	96	84

FOLIOMYELITIS VACCINATION:

[illegible]

POLIOMYELITIS VACCINATION:

Vaccination against poliomyelitis is now performed almost entirely by the use of Sabin oral vaccine. The old Salk vaccine given by injection should be discontinued. Three doses of vaccine by mouth are now given in the first year of life, followed by a booster dose at the age of three years.

The vaccination rate in this division is satisfactory and approaches the national average of 65%.

Since the use of vaccines, deaths from poliomyelitis have been remarkably reduced. In 1965 only three deaths occurred from this cause and none had been vaccinated. This represented the lowest mortality yet recorded.

No. of patients conveyed .....	.....	62,746
No. of journeys ... ..	.....	18,066
Total mileage .....	.....	442,946
<u>DETAILS OF JOURNEYS:</u>		
Accidents .....	.....	1,596
Sudden Illness .....	.....	487
Removals .....	.....	59,997
Maternity .....	.....	666
TOTAL .....	.....	62,746

The divisional area is served by the County Ambulance Station at St. George's Way, Stevenage. The Area Supervisor is Mr. Sweetman who has kindly supplied the above statistics.

PREVENTION OF ILLNESS
CARE AND AFTER CARE

SECTION 28

Nursing Equipment in the Home:

Issue of various forms of nursing equipment were made in 1966. These items included back rests, bedpans, urinals, and bed blocks.

A small stock of smaller items of equipment is stored at the Divisional Health Centre and the larger items are stored at County Hall.

Every use is made of disposable items of equipment such as incontinence sheets and pants for incontinent patients and plastic syringes and disposable needles.

Enuresis alarms are made available for use with children who are habitual bed-wetters on medical recommendation.

CHEST CLINIC

<u>HEALTH VISITING</u>	
Tuberculosis Households - Visits	584
B.C.G. Follow Up - Visits	95
Contacts - Visits	273
Non-Tuberculosis - Visits	246

Tuberculosis After-care:

The divisional area is served by the chest physician, Dr. N. MacDonald. Excellent co-operation is maintained

Miss McArthur, the tuberculosis health visitor, attends the chest clinic. The tuberculosis health visitor is concerned with arrangements for after-care and the resolution of any problems experienced by patients on their discharge from hospital. A particularly important duty of the health visitor is the tracing and visiting of contacts. Such contacts are encouraged to visit the chest physician as a precautionary measure. There were 134 contacts traced by the health visitor.

Details of the routine skin testing and B.C.G. vaccination programme are given in the School Health Service report.

All school children aged 12 - 13 years are now offered this protection in the division. All negative reactors receive a protective vaccine against tuberculosis and those children who show a marked reaction to the skin are referred for investigation to the Chest Clinic.

I am indebted to Dr. McDonald the Chest Physician for his help in this service during the year.

CYTOLOGY CLINIC

"WELL WOMAN" CLINIC - FROM AUGUST TO DECEMBER 1966

HITCHIN - 2nd and 4th Wednesdays A.M.

LETCHWORTH - 1st and 3rd Tuesdays A.M.

STEVENAGE - Thursday A.M. & Friday P.M.

NUMBER OF WOMEN ATTENDED:	HITCHIN	91
	LETCHWORTH	106
	STEVENAGE	248
TOTAL:		<u>445</u>
RESULTS OF TESTS:	(a) Negative	433
	(b) For retest	12
	(c) Subsequent attendances	12
RESULTS OF RE-TESTS	Negative	12

CHIROPODY.

SUMMARY OF TREATMENTS:

District	No. of Patients Treated			Approximate Treatments per Year.
	Domiciliary	Non Domiciliary	TOTAL	
Baldock	33	72	105	735
Hitchin	148	164	312	2,184
Letchworth	67	219	286	2,002
Royston	47	62	109	763
Stevenage	139	204	343	2,401
Hitchin Rural	136	148	284	1,988
TOTALS:	570	869	1,439	10,073

39% of patients were treated at home.

MEALS ON WHEELS:

Meals on Wheels Services were in operation in all parts of the division in 1966. Under the provisions of the scheme meals are provided to people suffering from malnutrition or who are unable to cook their own meals due to disability or infirmity.

District	No. of Persons	Frequency	Total Meals
Baldock	11 - 18	Twice weekly.	1,433
Hitchin	50	Three times weekly	150 per week
Letchworth	50	Twice weekly	2,673
Royston	29	Twice weekly	1,491
Stevenage	55 - 62	Three times weekly	5,951
Hitchin Rural	59	Each day	3,719
TOTALS:	268		15,417

NATIONAL ASSISTANCE ACT 1948 - SECTION 47.

This section of the Act is concerned with the compulsory removal of persons in need of care from their homes on a Court Order, or in emergency on an Order signed by two medical practitioners and a Justice of the Peace. Such a person may be removed to a County Home or hospital provided that all Sections of the Act are satisfied.

It was not necessary to take any action under this Section in 1966.

HEALTH EDUCATION:

Health Education is a transfer of what is known about health; it is the attainment of desirable individual and community behaviour patterns by means of the education process. The basic needs of a health education problem may be summarised as; obtaining the basic information, the recognition of the need for a change in the behaviour of the individual and the knowledge of the means for carrying this out by education methods. This may be compared with the teachings of Buddha whose thesis was as follows, "unhappiness exists in the world, a cause for this exists, the cause is removable, by what means can this cause be removed". It is important in any health education programme to consider the health needs and the characteristics of the people for whom the programme is intended; many programmes have failed because of this lack of fundamental understanding.

In general, health education in the public health field is carried out in the following ways:-

(1) Individual teaching by physicians etc.

The patient is most receptive at the time of illness. By general practitioners and local health authority staffs.

(2) Group teaching.

For example in maternity and child welfare, village groups, civic organisations and hospitals.

(3) Health information services.

This is perhaps the most common method and employs films, newspapers, the B.B.C., pamphlets etc.

It is most important that these services should be suitable for the particular audience. A useful aphorism for all those concerned in health education problems is:

"If I hear it I forget, if I see it I remember, if I do it, I know".

The health education programme in this division includes the teaching of mothercraft and general hygiene to many of the Secondary Modern, Comprehensive and Grammar Schools. Relaxation classes are especially valuable for the special teaching of expectant mothers. Health education is a routine part of the work at all Infant Welfare Clinics.

A total of 37 teaching classes were held in the division in 1966. Talks on the following subjects were given in various schools, both junior and senior; personal hygiene, mothercraft, home safety, first aid and minor ailments, Film strips; Film slides, flannel graphs, posters and leaflets were used. In one area of the division talks are given to the parents by the health visitors while the children are awaiting medical inspections. An experimental syllabus was arranged at one junior school and included under the general heading "rules of health", care of eyes, teeth, skin and hair; need for fresh air and exercise; the value of adequate rest and a good diet. Personal hygiene was stressed, and talks on menstrual hygiene were given to the mothers and girls. The age groups involved were the two top classes of eleven year old boys and girls.

No specific health education campaigns were undertaken during 1966.

DOMESTIC HELP SERVICE - SECTION 29

Number of Home Helps employed at 31.12.66 part-time 54

Number of Good Neighbours employed at 31.12.66 part-time 14

GROUPS RECEIVING ASSISTANCE:

	No. of Cases	No. of hours given
(1) Maternity (including expectant mothers)	109	2,656
(2) Chronic Sick		
(a) aged 65 plus	363	35,716
(b) aged under 65 and T.B.	49	
(3) Others	39	
Including		
(a) Mental Health		50
(b) Tuberculosis		43
(c) Blind		3,891
(d) Miscellaneous		92
Acute Cases		614
Accidents		259
TOTALS	560	43,321

65% of cases helped during 1966 were over 65 and 82% of total hours given was to this group. In contrast 20% of cases were maternity absorbing only 6% of total hours.

These figures represent a nationally well marked and unavoidable trend.

It should be remembered that the domestic help service began in 1918 for maternity cases and was extended during 1939 -1945 war to include the old and chronic sick. Its purpose however was still mainly directed to the care of the mother and child. Over the country as a whole today 92% of the service is devoted to the care of the aged; and since 1949 the amount of help given to mothers has proportionately decreased. Constant price expenditure on the care of the latter has actually fallen in spite of an increase of 17% in the number of births each year.

The total cost of the domestic help service has increased by 305% since 1949 and is surpassed only by the increase in the cost of mental health (423%). This is due to the very great increase in the total number of part-time home helps, the number of whole-time helps having decreased. Such an increase is the more remarkable because of the purely permissive character of this local health authority function and demonstrates the direction in which local health services are being obliged to develop. A recent survey, for example, has suggested that the needs of the aged are not being fully met.

In our natural sympathy for old people, however, we should not forget the importance of mothers and young children to the future; nor should we attempt to replace the family and thus endanger it as a social unit.

The number of domestic helps employed in this division is clearly inadequate (54). Recruitment is extremely difficult owing to the ready availability of employment for women in this area.

The Home Help organisation constantly endeavours to attract women to the service.

SCHOOL HEALTH SERVICE

During the sixty years of its existence the school health service has undergone many changes of emphasis. The Education Act of 1907 empowered Education Authorities to provide medical care for school children. This Act followed the work of an inter-departmental Committee of Physical Deterioration which sat in 1903. The disclosures of the Army Recruiting Office during the Second Boer War had revealed that 48% to 60% of all recruits were physically unfit for army service. The years that followed the passing of this Education Act included the treatment of minor ailments and defects, the improvement of nutrition and the care of all types of handicapped children. The Royal Commission in 1889 had recommended that "feeble minded children" who were capable of receiving education, should be taught separately from the more normal pupils and by 1899 the Elementary Education (defective and epileptic children) Act made it obligatory for all such children to be examined and assessed by a medical officer as to their suitability for education at an ordinary or special school.

The various education, mental deficiency and mental health acts which have followed the first acts have not substantially altered the principles under which the school health service works. One of the more remarkable changes during the long existence of the school health service has been the almost total disappearance of nutritional diseases. Under-nutrition has ceased to be a problem and obesity has taken its place. Most would agree that the cause of obesity in childhood is overeating by those children with a familial or hereditary tendency to store fat. In many areas it is quite clear that many children are eating two large cooked meals a day and this practice is harmful to those children with a tendency to put on weight.

The number of speech defects treated during the year continued to increase. Most were slight or moderately severe but a minority had severe speech defects. The general shortage of speech therapists over the whole country was reflected in this division when for some little time a vacancy was not filled.

The main problems with which the division had to deal during the year were emotional and behavioural disturbances, speech and learning difficulties, respiratory disorders, epilepsy and various types of physical handicap. The infectious diseases which in the past caused the deaths of so many children are no longer a problem. It is interesting in the special schools to note the increase in the number of spina bifida cases. This would appear to be due to the survival of more babies with this condition due to modern surgical techniques.

The number of pregnancies among school girls in the division, although small, should be recorded. It should be remembered that whatever the social implications of such occurrences; from a medical point of view, pregnancy in girls of fifteen or less is attended by some risk. During the years 1961 to 1963, four maternal deaths occurred in girls of this age group among 3,211 pregnancies.

SCHOOL HEALTH SERVICE.

TABLE I						
<u>Inspection of School Children 1966:</u>						
Entrants including 8 year olds	..	..	..	..	..	5,418
First Year Secondary	..	..	..	..	..	2,085
Last Year Secondary	..	..	..	..	..	1,678
TOTAL						9,181
No. of Special Inspections	..	..	..	..	..	114
No. of Re-inspections	..	..	..	..	..	5,297
TOTAL						5,411
Total Inspection						14,592
<u>Physical Condition of Pupils Inspected:</u>						
Satisfactory	..	..	..	..	..	9,138
Found to require treatment	..	..	..	..	..	43
Percentage	..	..	..	..	..	.5%

The percentage of children, 0.5%, found to require treatment is most satisfactory. It is, however, slightly above the national average. The difference, however, is not significant. This percentage is really quite remarkable. It reflects the improved economic and social circumstances of the country as a whole.

TABLE II

Cleanliness and Head Infestation:

Total No. examinations made for this purpose	50,545
Total No. found infested	80
Total percentage found infested .. ..	.16%

TABLE III

Care of Handicapped Children:

Whitney Wood School - E.S.N.	162 (97 boys 65 girls)
Residential School - E.S.N.	40
Residential School - Deaf or Partially Deaf	13
Residential School - Deaf E.S.N.	-
Residential School - Blind	6
Residential School - Partially sighted ..	8
Residential School - Delicate	5
Residential School - Cerebral Palsy ..	-
Residential School - Physically Handicapped excluding Cerebral Palsy	15
Residential School - Epileptic	2
Residential School - Maladjusted	12
Mossbury Infants Special Class for partially deaf.	2 girls 3 boys 2 girls
Mossbury J.M. Special Class for partially deaf.	
TOTAL	

Note: Table II

The percentage of children found infested was very low indeed; only 80 children out of 50,000 examined for this purpose were found to be infested with pediculosis capitis is extraordinary. It is apparent that different methods of recording infestation are being carried out; the standard that one nit constitutes an infestation is clearly not accepted by all health visitors.

TABLE IV.

B.C.G. vaccination 13 years and older school children:

No. of children offered testing and vaccination if necessary	2,133
No. of acceptances	1,640
Percentage of acceptance	76.9%
Pre-vaccination Tuberculin Test	
No. Tested	1,562
Result of Test	
No. Positive.. .. .	119
No. Negative.. .. .	1,443
No. Not ascertained	88
Percentage Positive	7.3%
No. Vaccinated	1,391

Note:

The percentage of children Heaf negative is higher than the national average. The percentage of acceptances is also satisfactory; no adverse reactions to B.C.G. Vaccination were reported during the year.

AUDIOMETRY

TABLE V.

Number tested	..	..	..	..	618
Number with no loss	..	..	..	..	256

The Consultant Paediatrician for the area, Dr. C.G. Fagg, is always available for consultation and I am indebted to him for his help during the year.

Drs. Roper and Gabriel have played a large part in the School Health Service and I am grateful to them also.

HOSPITAL SERVICES.

The hospital services for the area are administered by the North West Metropolitan Regional Hospital Board with the Luton and Hitchin Hospital Management Committee.

GENERAL HOSPITAL SERVICES:

North Herts. Hospital
Lister Hospital.

MATERNITY HOSPITAL SERVICES:

North Herts. Maternity Hospital

CHEST CLINIC:

Lister Hospital.

LABORATORY SERVICES:

Public Health Laboratory,
Luton & Dunstable Hospital,
Lewsey Road,
Luton.

Public Health Laboratory,
Tennis Court Road,
Cambridge.

CHILD GUIDANCE CLINIC

New cases referred.....	118
Psychiatric Interviews.....	419
School Psychological.....	94
Psychiatric Social Workers (Home visits and Clinic Interviews).....	830

SECTIONS 'C', 'D' AND 'E' HAVE BEEN SUPPLIED BY THE
CHIEF PUBLIC HEALTH INSPECTOR, MR. N. HOLT

NATURE OF VISIT OR INSPECTION

GENERAL SANITATION

Drainage	362
Pet shops	4
Caravan sites and gypsies	113
Factories	88
Refuse and salvage collection	312
Refuse disposal	116
Rats and mice	42
Smoke observations	3
Boiler plants	7
Shops, offices, etc.	355
Petroleum installations	62
Swimming pools	16
Miscellaneous	889

HOUSING

Under Public Health Acts:-

Number of houses inspected	76
Visits paid to houses	151

Under Housing Acts:-

Number of houses inspected and recorded	2
Visits paid to houses	147

Overcrowding:-

Number of houses inspected	2
Visits paid to houses	9

Houses in Multiple Occupation:-

Number of houses inspected	41
Visits paid to houses	365

Improvement Grants:-

Number of houses inspected	43
Visits paid to houses	362

Improvement Areas:-

Number of houses inspected	17
Visits paid to houses	70

Certificates of Disrepair:-

Number of houses inspected	2
Visits paid to houses	4

Verminous Premises:-

Visits paid to houses	13
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NOTIFIABLE DISEASE

Enquiries in case of infectious disease	2
Enquiries in case of food poisoning	3
Other visits re food poisoning enquiries	2

MEAT AND FOOD INSPECTION

Inspection of meat:-

Visits to slaughterhouses	1,141
Visits to shops and stalls	32

Food Inspection:-

Visits to shops and stalls	53
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Visits to:-

Butchers	28
Fishmongers and poulterers	15
Fish friers	11
Food preparing premises	18
Grocers	77
Greengrocers and fruiterers	24
Dairies and milkshops	15
Ice cream stores	16
Bakehouses	15
Markets	72
Restaurants	36
School and factory canteens etc.	38
Street vendors and hawkers carts	25
Licensed premises	5

Visits in connection with sampling(bacteriological):.

Milk	49
Ice Cream	81

NOTICES SERVED

Number of informal notices served	120
Number of informal notices complied with	99
Number of statutory notices served	3
Number of statutory notices complied with	3

IMPROVEMENTS CARRIED OUT UNDER THE SUPERVISION OF THE

PUBLIC HEALTH INSPECTORS

HOUSES, ETC.

Roofs repaired	7
Chimney stacks pointed or repaired	4
Flashings repaired or replaced	1
Eavesgutters repaired or renewed	5
Rainwater pipes repaired or renewed	4
Walls pointed or repaired	3
Windows repaired	12
Windows provided or replaced	1
New window sashcords provided	3
Doors replaced (external)	5
Doors repaired (external)	4
Doors provided or replaced (internal)	8
Door fasteners repaired or replaced	8
Yard surfaces relaid or repaired	4
Ceilings where plaster, etc. repaired or replaced	6
Ceilings cleansed	6
Floors relaid or repaired	11
Chimney flues repaired	4
Staircases repaired	3
Rooms where lighting improved	2
Rooms where ventilation improved	2
Rooms where dampness remedied	5
New sinks provided	10
Sink waste pipes trapped	1
Trapped sink waste pipes provided	4
New washbasins provided	32
Washbasin waste pipes trapped	6
Trapped washbasin waste pipes provided	32
New baths provided	29
Trapped bath waste pipes provided	25
Rooms where wallplaster, etc. repaired or replaced	8
Rooms decorated	8
Hot water systems provided	36
Ventilated food stores provided	30

Drainage:-

New drains constructed	7
Old drains reconstructed	8
Drains repaired	1
Drains ventilated	1
Drains cleansed	12
Inspection chambers provided	17
Inspection chamber covers provided	8
Self cleansing gullies provided	8
Soil pipes provided or repaired	7

HOUSES, ETC.

Waterclosets:-

W.Cs where walls repaired	24
New basins fixed	24
New flush pipes fixed	24
Doors repaired or renewed	24
W.Cs ventilated	24
W.Cs decorated	24
W.Cs where lighting improved	24

SANITARY CIRCUMSTANCES OF THE AREA

(i) Water.

With the exception of a few outlying houses, which have satisfactory private sources, Hitchin obtains its water from piped supplies controlled by the Lee Valley Water Company.

Water is obtained from three wells (1) Temple End, Charlton, (2) Oughton Head and (3) Offley Bottom. The latter two are situated in the rural district just outside the urban boundary. An adequate supply was maintained from the above sources and no restrictions were necessary during the year. The water is satisfactory in quality. 216 bacteriological and 12 chemical samples of the water supplied in the district were taken during the year and examined at the Company's own laboratory. All the samples were found to be satisfactory. The water from the wells is hard and, therefore, no trouble is experienced due to plumbo-solvency. No fluoridiation is carried out to the water supplies.

The number of dwelling houses supplied with water from public mains direct into the house is 8,516 serving approximately 25,567 persons, whilst the number of dwelling houses supplied with water from public mains by means of stand-pipes is 5 serving approximately 15 persons.

In the case of 16 houses the water supply is provided in an outbuilding.

(ii) Drainage and Sewerage.

Extensions to the soil and stormwater sewers were carried out during the year on the Westmill and Wimpey estates.

Rivers and Streams.

No action required by the Public Health Department.

(iii) Closet Accommodation.

Only a few outlying premises are provided with dry closets. The whole of the district is provided with waterclosets connected to the Council's sewers, with the exception of a few houses which discharge to cesspools.

(iv) Public Cleansing - Refuse Collection.

The paper sack system of refuse collection continues to operate successfully. Workmen now seem reasonably happy and content performing this previously unpleasant work. The men employed on refuse collection are on the young side of life and very rarely does one of them express a wish to leave the department.

The special collection of large items of household rubbish also continues and there is an increasing demand for this free service. During 1966 2,103 special collections were made, almost double the number for 1965.

I am pleased to report that the tonnage of wastepaper sold to the board mills during the year increased from 365 tons 6 cwts. to 437 tons 2 cwts. an increase of approximately 72 tons.

(v) Public Health Inspection of the Area.

Infra.

(vi) Offices, Shops and Railway Premises Act, 1963

Ninety-six premises were inspected during the year and 355 visits were made for that purpose.

The following works were carried out after informal action:-

Cleanliness improved	8
Overcrowding remedied	4
Thermometers provided	33
Means of heating provided or improved	9
Means of lighting provided or improved	72
Floors and steps improved	13
Seating provided or improved	4
First aid boxes provided	31
Washing facilities improved	10
Hot and cold water provided	9
Sanitary conveniences improved	7
Soap and towel provided	4
Abstract of Act provided	41
Ventilation improved	7
Facilities for eating meals improved	1
Accommodation for clothing provided	4

(vii) Caravans.

At 31st December, 1966, 8 licences had been granted authorising the use of land as sites for caravans. The number of caravans covered by the licences is 114.

Gypsies and other travellers continue to present public health problems by their illegal standing of caravans and vehicles in different parts of the district. During the year, in an attempt to solve the problem locally, this Council took the initiative and called a meeting of all local authorities in North Herts. The question of providing a properly laid out and supervised caravan site for gypsies etc. somewhere in the north of the county, was discussed.

(viii) Clean Air.

A boiler plant which over the past few years has caused serious smoke nuisances has been converted from hand firing to automatic stoking of coal, i.e., underfeed stokers. It is now hoped that no further smoke nuisances should arise from this plant in the future.

Arrangements continue satisfactorily with the Surveyor for all plans proposing the construction of new factories, offices and shops etc. to be scrutinised by the department. This arrangement enables early representation to be made to architects where proposals showing erection of chimneys or installation of new boiler plants are felt to be unsatisfactory, or where these items are omitted altogether from plans. The foregoing arrangements usually result in chimneys of adequate height being obtained. The same satisfactory results are not achieved in the case of many Crown and County council projects where only outline proposals may be submitted to the Surveyor as a courtesy.

I am also of the opinion that the exemption of offices, shops, etc. from the provision of Section 10 of the Clean Air Act, 1956 as regards chimney heights should be removed. Quite often the exemption gives rise to difficulties when large office and shop development takes place.

(ix) Swimming Baths

There are three swimming baths in the district,

- (a) a public open-air swimming bath maintained by the Council, comprising a main and children's pool.
- (b) a private open-air swimming bath at the Girls' Grammar School.
- (c) a parent/teacher association pool at Purwell Primary School.

87 samples of water in the two pools at the Council's baths were taken, 56 being submitted to a bacteriological examination and 31 to a residual chlorine test. All of the samples were reported upon as satisfactory.

The two pools at the public baths are filled from a main water supply. The water is continuously circulated and purified by pressure sand filtration and chlorination. The filtration plant has a turnover period of about four hours.

The County Health Department took samples of the water in the Girls' Grammar School bath and Purwell Primary School pool during the year.

(x) Noise Abatement.

A few complaints were received during the year, chiefly from persons complaining of noise or vibration from neighbours. In one case a factory outworker using an industrial sewing machine caused such vibration to the floor of an adjoining house as to cause a nuisance. On representations by the department the factory employer, who supplied the machine, had it insulated and this abated the nuisance.

Another complaint which arose was made by a group of householders living some fifty yards from a factory. They complained of the noise caused by two small smelting furnaces. The furnaces were heated by oil and compressed air. A considerable reduction in the noise level at the houses was achieved by the erection of a concrete screen wall situated between the furnaces and the outer wall of the building.

HOUSING

1. Unfit Houses.

During the year two houses were inspected and recorded under the Housing Consolidated Regulations, 1925. Ten demolition orders were made by the Council and twenty-one houses were demolished in pursuance of orders. One undertaking to make an unfit house fit for human habitation was accepted by the Council.

2. Houses in Multiple Occupation.

Inspections of houses in multiple occupation, which in Hitchin are chiefly occupied by Commonwealth immigrants, continued throughout the year.

The general policy of the Council is to limit the number of individuals in these house by making directions on the houses under Section 19 of the Housing Act 1961 and to enforce the direction by regular supervision and inspection.

Many of the inspections have to be carried out during evenings or weekends. This fact, together with the distrust and sometimes lack of co-operation shown by owners, etc., the inability of some individuals to understand English, and the difficulty of obtaining accurate information as to ownership and occupancy make this work an onerous duty for inspectors. In one case the Council found it necessary to take legal proceedings for obstruction and secured a conviction.

Several contraventions of directions were found during the year and two prosecutions, which resulted in convictions, were taken by the Council.

The trend of the past two years for wives and children to join their menfolk, already living here, has resulted in a noticeable improvement in living conditions and more stable family units.

During the year the Council rehoused a few immigrant families from these houses and I hope that still more can be achieved in this direction in the future.

3. Improvement Grants

(1) Number of discretionary improvement grants made	2
(2) Number in (1) above made to owner/occupiers	1
(3) Number of houses where discretionary improvement grant works completed	1
(4) Number of standard improvement grants made	35
(5) Number in (4) above made to owner/occupiers	16
(6) Number of houses where standard improvement grant works completed	35

4. Improvement Areas

The majority of the tenanted houses requiring improvement in Area No. 1 had been represented to the Council by the end of the year and the necessary action had been set in motion.

A second improvement area was declared in March, 1966. This area is bounded by Bearton Road, Ickleford Road, Fishponds Road and Bedford Road and consists of 428 houses, 264 of which are owner-occupied and 164 tenanted. 93 of the owner-occupied and 112 of the tenanted houses are without one or more of the standard amenities.

The following action had been taken by the end of the year in respect of Areas No. 1 and 2.

	<u>Area No. 1</u>	<u>Area No. 2</u>
Number of preliminary notices served	19	3
Number of immediate notices served	9	3
Number of suspended notices served	10	-
Number of houses known to have been improved to the full standard.	16	2

S E C T I O N E

INSPECTION AND SUPERVISION OF FOOD

(a) Milk Supply

In accordance with the Milk and Dairies Regulations three premises are registered as dairies. One of the dairies carries out the pasteurising and bottling of milk using the H.T.S.T. method of pasteurisation. The two remaining dairies are used as milk stores. There are also four distributors of milk registered under the Regulations. Inspections of the foregoing dairies were made during the year.

During the year 53 samples of milk were taken and submitted to bacteriological examinations with the following results, the majority being bottled milk taken in course of delivery to the consumer.

No. of Samples.	Class of Milk	Methylene Blue Test		Phosphatase Test		Percentage Satisfactory
		Satisfied.	Failed	Satisfied.	Failed.	
31	Pasteurised	30	1	31	-	96.8%
		Turbidity Test				
		Satisfied.	Failed.			
22	Sterilised	22	-			100%

(b) Meat and Foods

The only premises licensed by the Council for use as a slaughterhouse is the Hitchin Bacon Factory Limited, Nightingale Road, Hitchin, where extensive slaughtering of pigs is carried out, together with a number of sheep, 44,657 pigs and 13 sheep were killed and inspected during the year. The Council increased the charge to the factory from 5d. to 7d. per pig slaughtered and inspected as from 1st July, 1966. The charge for slaughter and inspection of a sheep is 6d.

The following table gives details of the number of animals killed, inspected and found to be diseased, unsound or unfit for food. The diseased or unsound meat is voluntarily surrendered and disposed of so as not to be used for human consumption.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	-	-	-	13	44,657	-
Number inspected	-	-	-	13	44,657	-
<u>All diseases except Tuberculosis and Cysticerci.</u> Whole carcasses condemned.	-	-	-	-	45	-
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci.	-	-	-	-	15.9	-
<u>Tuberculosis only</u> Whole carcasses condemned.	-	-	-	-	-	-
Carcases of which some part or organ was condemned.	-	-	-	-	281	-
Percentage of the number inspected affected with tuberculosis	-	-	-	-	.63	-
<u>Cysticercosis</u> Carcases of which some part or organ was condemned.	-	-	-	-	-	-
Cases submitted to treatment by refrigeration	-	-	-	-	-	-
Generalised and totally condemned	-	-	-	-	-	-

(c) Food Complaints

During the year the department received fifteen complaints in respect of various foodstuffs. In all cases investigations were carried out to determine the source of the complaint and to ensure that the necessary steps were taken by the firms concerned to prevent any further occurrence.

The following table gives details of the individual complaints followed by summaries of the findings and action taken. It is also the department's policy in every case where contraries are found in food etc. to inform the complainant of the action taken.

Commodity	Nature of the Complaint
1. Pork Sausages	Discoloured.
2. Meal	A piece of wire found in meal at restaurant.
3. Wrapped Bread	Mouldy.
4. Bottle of Milk	Grit in bottle
5. Wrapped Bread	Mouldy.
6. Prepacked Sausage Rolls	Mouldy.
7. Bottle of Cyade	Flies in bottle.
8. Tinned Peas	Pupa in contents.
9. Wrapped Pork Pies	Mouldy
10. Beef Sausages	Pieces of glass in sausages.
11. Boiled Sweets	Black specks in sweets.
12. Skinless Pork Sausages	Piece of string in sausages
13. Bag of Flour	Lumpy and damp.
14. Bread Roll	Length of string in roll.
15. Pork Sausages	Piece of glass in sausage.

Summaries

- 1) These pork sausages, brought into the Health Office two days after purchase, were discoloured and tending to sourness. The retailer was interviewed and replaced the sausages. No further action was taken as there was conflicting information as to the condition of the food when sold, and as to how it had been stored by the purchaser.

- 2) A small piece of wire brought into the department was alleged to have been found in a meal taken at a local restaurant. The wire could have been a small piece of a pan scrubber used in the kitchen. The restaurant owner was warned to take greater care.
3. A wrapped loaf of bread purchased from a multiple store was mouldy. Although the wrapper should have been coded with the date of production it was not discernible. An inspection of other loaves at the premises revealed that many of these had no indication of a code mark. The condition of the bread was probably due to unsatisfactory storage arrangements or bad stock rotation at the store. The bakers were warned.
- 4) In this case a gritty substance, possibly cement, was found to be adhering to the side of a milk bottle. It is impossible for the washing machine at the dairy to remove such substances and the bottle should have been rejected by the spotter examining bottles immediately prior to filling. The matter was taken up with the dairy concerned in co-operation with the County Health Authority who licence the plant. The management were warned that the greatest care must be taken to ensure bottles are in a clean and sterile condition before being filled. This complaint emphasises the need and care which must be taken by milk dealers and dairymen and the need for automatic means whereby dirty bottles or bottles containing extraneous substances are rejected. In the meantime we have to rely on the human element to spot "dirty" bottles immediately prior to filling.
- 5) A wrapped loaf was found to be mouldy on opening and brought into the office. Investigation again showed poor stock rotation. An alternative possibility could have been that the bread was wrapped whilst warm and had not been allowed to cool sufficiently.
- 6) This complaint concerned six sausage rolls prepared by the manufacturer and purchased in this condition by the complainant. When opened for eating, the day after purchase, they were found to be mouldy. On investigation with the manufacturer and shop manager the coding on the packet showed that these sausage rolls had been manufactured approximately a week before sale and had been delivered to the retailer three days after manufacture. Careful inspection of all the other manufactured goods in the shop was made. The manager of the shop was advised on the proper keeping of this type of food and on stock rotation procedures. The manufacturer's attention was drawn to the delay in delivery.
- 7) This bottle of mineral water was in a cloudy condition, with a light brownish sediment and contained several small flies. It was sent for laboratory examination. The laboratory findings were that the liquid was actively fermenting and contained differing types of bacteria. The flies were identified as lesser fruit flies. The manufacturers stated that this product was pasteurised prior to bottling and they had not had any other complaints of this nature. It would appear that the bottle had been opened after manufacture allowing the contamination. Another hypothesis is that the product was put into a contaminated bottle. The first possibility does make out a case for the sealing of all food containers so that purchasers would know if they had been opened between manufacture and purchase.

- 8) Entomological examination showed that the pupa was in the order Lepidoptera. Definite identification was not possible, but it was believed to be a night flying moth. It was not thought that the pupa was due to an infestation of stored food but was in the can of peas by chance. The retailers could not have known the pupa was in the can, but as the peas in question were canned overseas they were asked to bring the matter to the attention of the canners to try to prevent a recurrence.
- 9) The pork pies were found to be mouldy when cut for eating the day after purchase. The manufacturers were interviewed and inspection of the premises showed a break down in stock rotation and use of wrongly coded wrappers. The management were warned to take greater care in the future.
- 10) The beef sausages were manufactured by a large firm whose strict quality control of their goods is well known. No glass vessels of any description are allowed in the factory and production workers are not allowed to wear jewellery or wrist watches. The particle of glass found in the pack of sausages was submitted to a laboratory for examination whose findings were that it was of a type similiar to bottle glass and could have been a chipping from a pickle bottle. No explanation could be found as to how the glass got into the sausages. It remained as so many of these complaints do a mystery.
- 11) The sweets in question were prepacked for sale by the manufacturer. Laboratory reports on the sweets stated that the "black specks" were particles of charred sugar. The manufacturer's explanation was that during the production of the sweets the sugar is cooked at high temperatures in vacuum cookers. The cookers are completely sterile and it is impossible for extraneous matter to enter. Occasionally, however, a little charred sugar forms around the doors of the cookers and, on being opened to allow the molten sugar to escape, a particle of charred sugar gets carried away at the same time. The quality control section should have rejected these sweets. This again is a "human element" failure. No action was taken against the firm in view of the laboratory findings.
- 12) A pack of skinless pork sausages, on being cut after cooking, were found to contain short pieces of string in two of the sausages. The matter was taken up with the manufacturer, and an investigation carried out at their plant. Skinless sausages are produced by injecting sausage meat into a continous plastic tubing and shaping the sausages by tying string on at intervals. After further processing the tubing and string are removed. It would appear in this case that these two pieces of string either found their way into the mix or adhered to the sausage meat from off the table when the casing was being removed and was not noticed on packing. The senior production management took up the matter to prevent a reoccurrence.
- 13) A three-pound bag of flour, purchased from a supermarket, was brought to the office in a damp and lumpy condition. The premises were inspected, but no other flour in this condition was found. It would appear to have been a failure in stock rotation, one bag having been left at the back of the self-service stand for some time until being brought to the front by an assistant restocking the stand. The management was advised that greater care must be taken to ensure proper stock rotation.

- 14) This complaint was of a five inch length of material, apparently string, being found in a bread roll. The matter was taken up with the bakery and an inspection of the plant made. This inspection revealed a frayed belt not previously noticed on a moulding machine. The belt was repaired immediately and a routine checking system introduced into the firm's maintenance programme to prevent any similar occurrences.
- 15) This was another complaint of small pieces of glass being found in pork sausages when eaten. The sausages were manufactured by a small firm and the ones complained of were eaten about a week after purchase although some out of the same pack had been consumed on an earlier occasion. A careful examination of the remainder of the sausages failed to find any other pieces of glass. There was some doubt as to when the sausages had been manufactured and the firm could offer no explanation as to how the glass had gained entry. The firm was warned of the seriousness of the matter and asked to take greater care in the future.

(d) Ice Cream

The number of premises registered under the provisions of the Food and Drugs Act, 1955, for the storage and sale of ice cream is 89.

Frequent visits were made to the foregoing premises to enforce the provisions of the Ice Cream (Heat Treatment etc.) Regulations, 1959, and for the purpose of sampling. Regarding sampling 45 samples of hard and 16 of soft ice cream were taken.

	Hard Ice Cream	Soft Ice Cream	Result
Grade 1	39	12	Satisfactory.
Grade 2	4	1	Satisfactory.
Grade 3	2	2	Unsatisfactory.
Grade 4	-	1	Unsatisfactory.

(e) Food Hygiene

The following table gives details of food premises in the area:-

Types of Premises	No. of Premises	No. of Premises fitted to comply with Reg. 16 F.H. Regs. 1960	No. of Premises to which Reg.19 applies F.H. Regs. 1960	No. of Premises fitted to comply with Reg.19 F.H. Regs. 1960
Bakehouses	8	8	8	8
Butchers	19	19	19	19
Catering	51	51	51	51
Confectioners	12	12	12	12
Fishmonger and Poulterers	8	8	8	8
Fried Fish	6	6	6	6
Sweet & Mineral	28	28	19	19
Greengrocers	18	18	18	18
Grocers	55	55	55	55
Licensed Premises	46	46	46	46
Food Factories	7	7	7	7
Off Licences	8	8	8	8
	266	266	257	257

The following premises are registered under Section 16 of the Food and Drugs Act, 1955.

Premises	No.	Registered
Butchers Food Factories	15 4	for the preparation or manufacture of sausages, or potted, pickled, pressed or preserved food.
Butcher	1	for the pickling of meat.
Fishmongers	2	for the preservation of fish.
Grocers	3	for the cooking of ham.
Grocer Fishmonger	1 1	for the roasting of chickens.
Grocers Greengrocers Confectioners (sweets) General premises	35 5 24 24	storage and sale of ice cream. -do- -do- -do-

The following improvements were carried out during the year to premises used for preparation, sale, etc. of food:-

Washing Facilities

Number of double sink units provided	1
Number of fitments provided with running hot and cold water	1

2. Cases in which defects were found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted.
	Found	Remedied	Referred to H.M. Inspector	By H.M. Inspector	
Want of cleanliness(S.1)	3	3	-	-	-
Overcrowding (S.2.)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	1	1	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary conveniences (S.7:-					
(a) Insufficient	2	2	-	2	-
(b) Unsuitable or defective	3	3	-	1	-
(c) Not separate for sexes.	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
TOTAL:2	9	9	-	3	-

PART VIII OF THE ACT.
OUTWORK (SECTIONS 133 and 134)

Nature of Work	Section 133			Section 134		
	Number of outworkers in August list required by Section 133(1)(e)	Number of cases of default in sending list to the Council	Number of prosecutions for failure to supply lists.	Number of instances of work in unwholesome premises	Notices served	Prosecutions.
Clothing manufacture	33	-	-	-	-	-

FACTORIES ACT, 1961

ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH

IN RESPECT OF THE YEAR 1966

Prescribed particulars on the administration of the Factories Act, 1961.

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PART I OF THE ACT

1. Inspection for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises	Number on Register	Number of		
		Inspection	Written Notices	Occupiers Prosecuted.
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities.	9	8	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	165	80	6	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises.	5	-	-	-
TOTAL	179	88	6	-

SECTION F
 PREVENTION AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.
 Infectious Diseases (Corrected) Age Distribution.

Diseases	Total Cases Notified	Cases After Correction	Under 1 year	1 -	2 -	3 -	4 -	5 - 9	10 - 14	15 - 24	25 - 44	45 - 64	65 and over	Age Unknown
Whooping Cough	1	-	1	-	-	-	-	-	-	-	-	-	-	-
Measles	12	-	1	2	3	-	2	4	-	-	-	-	-	-
Dysentery	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet Fever	2	-	-	-	-	-	-	2	-	-	-	-	-	-
TOTALS	15	-	2	2	3	-	2	6	-	-	-	-	-	-

TUBERCULOSIS

No. on Register at 31st December, 1966.

	Males	Females	Total
Pulmonary	65	33	98
Non-Pulmonary	14	11	25
	79	44	123

No. Removed from Register during 1966.

	Pulmonary		Non-Pulmonary		Total
	M	F	M	F	
Deaths	4	-	-	-	4
Other(cured, re-diagnosed transfers of area etc.)	7	-	1	-	8
	11	-	1	-	12

Additions to Register during 1966.

	Pulmonary		Non-Pulmonary		Total
	M	F	M	F	
New Notifications	1	1	-	-	2
Other(cases restored to Register, transfers etc.)	4	-	-	-	4
	5	1	-	-	6

New Notifications.

	Pulmonary		Non-Pulmonary		Total
	M	F	M	F	
Age Groups.					
5 - 9	-	-	-	-	-
15 - 19	1	1	-	-	2
35 - 44	-	-	-	-	-
55 - 64	-	-	-	-	-
65 - 74	-	-	-	-	-
	1	1	-	-	2

